

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10555467

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5	/		/			
6		/		/		
7		2		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
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26	/		/			
27		/		/		
28		/		/		
29		0		/		
30		0		/		
31	/		/			
32		/		/		
33		2		/		
34		0		/		
35		0		/		
36		0		/		
37		0		/		
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41		0		/		
42						
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49						
50						
TOTAL IND.	5	↓	4	↓		↓
TOTAL DEP.	40	←	31	←		←
TOTAL CLAIMS	45		35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						